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FEE AUTHORIZATION / AMENDMENT TRANSMITTAL						Attorney's Docket No: A-398-US-CNT3			
Serial No.	al No. Filing Date Examiner						Group Art Unit		
10/621			07/16/2003 Borgeest, Christina M. 1649						
In Re Application	of: Alison M. E	Bendele							
For: USE OF IL	-1 INHIBITOR	S FOR 7	TREATING IL-1	MEDIATED DIS	EASE	ES			
Applican	TO THE COMMISSIONER FOR PATENTS: Applicant(s) request(s) the following extension of time under 37 CFR 1.136(a):								
 ☐ One month of original due date (\$130.00) ☐ Two months of original due date (\$490.00) ☐ Three months of original due date (\$1,110.00) ☐ Four months of original due date (\$1,730.00) ☐ Five months of original due date (\$2,350.00) 									
☐ A respor	ise in connectio	n with th	e matter for which	ch this extension is	reque	ested:			
☐ is file	ed herewith.								
☐ has l	been filed.								
☐ The	response is the	filing of	a continuing app	olication, the prior a	applica	ation hav	ing an e	xpress	
abar	ndonment condi	tioned o	n the granting of	a filing date to the	contir	nuing app	olication		
☐ The acco	ompanying pape	ers inclu	de amended clai	ms for which no ac	ddition	al fee is	required	i.	
				ms the fee for whi					
			CLAIMS AS	AMENDED					
(1)	(2)	(3)	(4)	(5)		(6)		(7)	
	Claims		_Highest numbe			D-4-		Additional Fee	
	remaining		Previously paid f	d claims present		Rate		ree	
	After amendment								
Total Claims	amendment	Minus		0	×	\$52	:	\$ 0.00	
Indep. Claims		Minus	=	0	X	\$220	:	\$ 0.00	
	nce of a multipl		dent claim		+	\$390	:	\$ 0.00	
	-	Total	Additional Fee for	or this Amendmen	t			\$ 0.00	
* If the entry in o	column 2 is less tha	n the entr	y in column 4, write '	'0" in column 5. less than 20, write "20	' in this	snace			
*** If the "Highest	Number Previously	/ Paid For	" IN THIS SPACE is	less than 3, write "3" in	this sp	ace.			
*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest No. Previously Paid For" (Total or Indep.) is the highest number found in the appropriate box in Col 1. of a prior									
amendment or the number of claims originally filed.									
☐ The following other fees are incurred by the accompanying papers.									
☐ Other:									
☑ Please charge Deposit Account No. 01-0519 in the name of Amgen Inc. in the amount of \$490.00. A duplicate copy of this petition is attached.									
☑ If an additional extension of time is required, please consider this a request therefore.									
∑ The Commissioner is hereby authorized to charge any additional fees, which may be required by the accompanying papers, or credit any overpayment to Deposit Account № 0.01/-0519.									
Please Send Future Correspondence To:									
21069									
U.S. Patent Operations/MKH Mary K. Hehman									
Dept. 4300, M/S 28-2-C Attorney for Applicant(s) AMGEN INC. Registration No.: 39,206									
AMGEN INC. Registration/No.: 39,206 One Amgen Center Drive Phone: (805) 447-5632									
Thousand Oaks, California 91320-1799, USA Date: February 27, 2009									

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FEE AUTHORIZATION / AMENDMENT TRANSMITTAL Attorney's Docket No: A-398-US-CNT3								
Serial No.	Filing Date Examiner Group Art Unit							
10/621	,784		7/16/2003	Borgeest, Christi	na M.		164	19
In Re Application	In Re Application of: Alison M. Bendele							
For: USE OF IL-	1 INHIBITOR	SFOR	TREATING IL-1	MEDIATED DIS	EASE	ES		· · · · · · · · · · · · · · · · · · ·
TO THE COMMIS								
	t(s) request(s) t	he follow	ving extension of	time under 37 CF	R 1.13	36(a):		
	month of origin							
	months of origi			`				
			e date (\$1,110.00 date (\$1,730.00))				
			date (\$2,350.00)					
☐ A respon	se in connection	n with th	ne matter for whic	h this extension is	reque	ested:		
. – .	d herewith.							
	peen filed.							
. -		filing of	a continuino appl	lication, the prior a	applica	ation hav	ing an e	xpress
aban	donment condi	tioned o	n the granting of a	a filing date to the	contin	nuing ap	plication.	•
_				ns for which no ac				
☐ The acco	mpanying pap	ers inclu	de amended clair	ms the fee for whic	ch has	been ca	alculated	l as follows:
			CLAIMS AS A					
(1)	(2)	(3)	(4)	(5)		(6)		(7) A alaliti a a al
	Claims remaining		Highest number Previously paid for			Rate		Additional Fee
	After		rieviously paid it	Claims present		Nate		1 00
	amendment							
Total Claims		Minus	=	0	Х	\$52	:	\$ 0.00
Indep. Claims		Minus	=	0	X	\$220	:	\$ 0.00
☐ First Appeara	nce of a multipl			r this Amendment	+	\$390	: -	\$ 0.00 \$ 0.00
t If the entry in a	oluma 2 is loss the		y in column 4, write "(<u> </u>			\$ 0.00
				ess than 20, write "20"	" in this	space.		
1				ess than 3, write "3" in				
_	-	-		hest number found in	the app	ropriate bo	ox in Col 1.	. of a prior
amendment or the number of claims originally filed. The following other fees are incurred by the accompanying papers.								
	•	are mo	uned by the accor	mpanying papers.				
Other:								
Please charge Deposit Account No. 01-0519 in the name of Amgen Inc. in the amount of \$490.00. A duplicate copy of this petition is attached.								
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The Commissioner is hereby authorized to charge any additional fees, which may be required by the								
accompanying papers, or credit any overpayment to Deposit Account No. 01/-0519.								
Please Send Future Correspondence To:								
21069								
U.S. Patent Operations/MKH Mary K. Hehman								
Dept. 4300, M/S 28-2-C Attorney for Applicant(s)								
AMGEN INC.	ter Drive			egistration/No.: 39				
One Amgen Center Drive Phone: (805) 447-5632 Thousand Oaks, California 91320-1799, USA Date: February 27, 2009								
	EXPRESS MAIL CERTIFICATE							

Express Mail* label number:	EL 732552168 US		Date of Deposit:	February 27, 2009	
bove and is addressed to the Commi	s being deposited with the United States Postal issioner for Patents, P.O. Box 1450, Alexandria, istin Porcu	Service VA 22			e under 37 C.F.R. 1.10 on the date indicate
	Printed Name			Sign	nature